

FILED SEP 15 1947
Registration District No. 15076

Primary Registration District No. 4536

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Potosi
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Ellen A. Sloan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chester Sloan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 7 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business None
12. Name David M. Baker
13. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Marcia Pierce
15. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Sloan
(b) Address Potosi Mo.

17. (a) Burial (b) Date thereof 6-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo.

18. (a) Signature of funeral director Mrs. Esther Sparks
(b) Address Potosi Mo.

19. (a) Aug 31-47 (b) Mrs. J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Potosi
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1947 hour 7 minute A M.

21. I hereby certify that I attended the deceased from June 19 47 to June 20 1947
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pancreatitis
Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury _____

23. Signature J. E. Brown (M.D. or other) 4/30/47
Address Potosi Mo. Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Murphy L. Sparks
Licensed Embalmer No. 4236
P.O. Address East River, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.